

JCWSCS 01 JUN 2004

ALLAN CHAN & ASSOCIATES

FACSIMILE TRANSMITTAL SHEET

TO: <u>OIPE/Customer Service</u>	FROM: <u>Allan Chan, Esq.</u>
COMPANY: <u>USPTO</u>	DATE: <u>5/13/2004</u>
FAX NUMBER: <u>703-308-7751</u>	TOTAL NO. OF PAGES INCLUDING COVER: <u>3</u>
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: <u>Power of Attorney</u>	YOUR REFERENCE NUMBER:
<input type="checkbox"/> URGENT <input type="checkbox"/> FOR REVIEW <input type="checkbox"/> PLEASE COMMENT <input type="checkbox"/> PLEASE REPLY <input type="checkbox"/> PLEASE RECYCLE	

NOTES/COMMENTS

Thank You,

Allan Chan, Esq.

BEST AVAILABLE COPY

05/12/2004 08:33 3473280520
JAN-1-2000 12:02P FROM:

DEAK

PAGE 02

TO:K6713473280520 P:2/3

PTO/SB/02 (09-04)
Approved for use through 11/30/2005. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/712308
	Filing Date	11/20/2003
	First Named Inventor	David G. Deak
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Allan Chang & Associates		
Address	140 Broadway 46 th Floor		
City	New York	State	NY
Country	USA	Zip	10005
Telephone	212 858 7686	Fax	212-202-5186

I am the

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	David G. Deak		
Signature	<i>David G. Deak</i>		
Date	13 May 04	Telephone	347-328-0517

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.30. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount or time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

05/12/2004 08:33 3473288520
JAN-1-2000 12:02P FROM:

DEAK

PAGE 01

TO:*6713473288520 P:3/3

PTO/SB/01 (09-03)

Approved for use through 11/30/2005. OMB 0531-0030

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/718,308
Filing Date	11/20/2003
First Named Inventor	David G. Deak
Title	
Art Unit	
Examiner Name	
Attorney/Doctor Number	

I hereby appoint:

☐ Practitioners associated with the Customer Number:☒ Practitioner(s) named below:

Name	Registration Number
Allen Chen	50528

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Allen Chen & Associates				
Address	140 Broadway 4th Floor				
City	New York	State	NY	Zip	10005
Country	USA				
Telephone	212-559-7686	Fax	212-202-5186		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/01)

SIGNATURE of Applicant or Assignee of Record

Name	David G. Deak
Signature	<i>David G. Deak</i>
Date	12 May 04
Telephone	347-308-0577

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-0192 and select option 2.